



FORT HOOD'S BEHAVIORAL HEALTH FOCUS

Fort Hood's command and medical leadership is committed to providing the very best behavioral health services to everyone affected by the recent incident.

Even before the Nov. 5 incident, Carl R. Darnall Army Medical Center (CRDAMC) here on Fort Hood had a full complement of behavioral health services and civilian network providers that have been and continue to support the behavioral health needs of the Fort Hood community.

Services offered included in and outpatient behavioral health clinics including the, Resilience and Restoration Center, Warrior Combat Stress Reset Program, Social Work Services, Substance Abuse Services and case management activities consisting of 157 behavioral health providers.

There are 180 additional civilian behavioral health specialists within 40 miles of Fort Hood providing care for our Soldiers and families. These providers continue to be a tremendous resource for Fort Hood. We also use several facilities with inpatient services to augment the capabilities at Darnall Medical Center.

Hours after the incident, III Corps and CRDAMC commanders requested and began receiving more than 90 behavioral health providers and support staff from across the Dept. of Defense. Their mission: to assist in the efforts to identify affected personnel, address emergent behavioral health care needs, and develop an overarching behavioral health campaign plan to ensure long-term care needs are identified and met.

In the days immediately following the event, CRDAMC, III Corps, and unit leadership identified the individuals directly affected by the incident and proactively provided psychological first aid and screenings (more than 2,000 contacts have been made to this point).

A panel of national experts was convened on Nov. 18 to review, discuss, and provide input to the Fort Hood Behavioral Health Campaign Plan. The meeting was attended by 19 nationally-recognized civilian and military professionals with expertise in the domains of disaster medicine, traumatic stress, community health, child & family services, leadership, and risk communication.

Additionally, there were representatives from the III Corps planning team and Army Medical Command. The panel emphasized the need to engage the entire community to ensure that a unified effort was sustained over time. The overall consensus from the panel of experts was the Fort Hood Behavioral Health Campaign Plan was comprehensive, well organized, and accounted for the complexity of this operation.

Specific input from the outcome of the panel of experts meeting was incorporated into a revised campaign plan which was recently completed.

To ensure local community involvement, III Corps & Fort Hood Senior Command Lt. Gen. Robert Cone hosted a Nov. 19 community outreach panel to receive input into the behavioral health campaign plan. The panel consisted of behavioral health practitioners in the community, TRICARE network partners, community leaders and Soldier advocacy group leaders.

The basic concepts of the plan were presented and the panel was then asked to help identify gaps in the plan and to identify existing barriers to care. The community panel highlighted the need to remember that all families in the greater Fort Hood area should be educated as to resources through the Family Readiness Groups, schools, and media campaigns.

There needs to be better visibility to Soldiers and families as to the resources available in the area. Information should be on websites or available at the Resiliency Campus. We also agreed to improved coordination and communication between CRDAMC and the community providers.

To assist anyone with behavioral health questions we established a 24/7 ***Behavioral Health Hotline (254-553-3480)***.